



Incident Report

Print Date/Time: 06/22/2016 10:35
Login ID: ss0139

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00011420

Incident Date/Time: 6/14/2016 6:51:02 AM
Location: LAKE VIEW DR / CEDAR RD
LAKE STEVENS WA 98258
Phone Number: (425) 359-8560
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3F
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0130-Rutherford

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	BRAD		(425) 359-8560			

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
------	------	------	------	-------	-------	---------	-------

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
------	------	------	------	-------	-------------	---------	----------

CAD Narrative

06/14/2016 : 06:54:37 SP0380 Narrative: STATE PATROL CALLED BACK - CONFIRMED NON INJ - GRY CAR IS BLKING - L/AYF6034 AND L/ABD3120

06/14/2016 : 06:53:32 SP0380 Narrative: WSP ADVISED INJ UNK

06/14/2016 : 06:52:47 SP0152 Narrative: LR152

06/14/2016 : 06:52:45 SP0152 Narrative: RP ADV WSP HAD JUST PULLED UP TO SCENE

06/14/2016 : 06:52:30 SP0380 Narrative: Narrative added from associated Call #: 861 - CHECKING FOR INJ - RED MUSTANG IN DITCH AND A GREEN PC BLKING

06/14/2016 : 06:52:27 SP0152 Narrative: 2 VEH, NON INJ, BLKING, DRK GRY KIA /RED MUSTANG


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E553974

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

**TRIBAL
RESERVATION**
CASE # **2016-00011420**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCK

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF	CITY #
DATE OF COLLISION 06 - 14 - 2016	0552	31			0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐**LAKEVIEW DRIVE**BLOCK NO. ☒**10900**

MILE POST

DISTANCE	MILES	N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)
			CEDAR ROAD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
----------------	---	--------------------------------------	--	-------

LAST NAME	KRUISWYK	FIRST NAME	HERMAN	MIDDLE INITIAL	D
-----------	-----------------	------------	---------------	----------------	----------

STREET NEW ADDRESS	11407 28TH STREET NE
--------------------	-----------------------------

CITY	LAKE STEVENS	ST	WA	ZIP	98258
------	---------------------	----	-----------	-----	--------------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	KRUISHD000CP	STATE	WA	SEX	M	D.O.B. MMDDYYYY	02 - 17 - 2000
--------------------	---------------------	-------	-----------	-----	----------	-----------------	-----------------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	1	INJURY CLASS	1	NATURE OF INJURIES
----------------------------------	--------	--------	----------	--------	----------	-------	----------	------------	----------	--------------	----------	--------------------

LICENSE PLATE #	AYF6034	STATE	WA	VIN#	1FAFP444X1F188640
-----------------	----------------	-------	-----------	------	--------------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	2001	MAKE	FORD	MODEL	MUSCV	STYLE	CV	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	-------------	-------	--------------	-------	-----------	---	----------	---

REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	PROGRESSIVE 905531666
---	-------------------------	------------------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------

UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE
----------------	---	--------------------------------------	-------------------------------------	---	--	-------

LAST NAME	RUSSUM	FIRST NAME	DANIEL	MIDDLE INITIAL	J
-----------	---------------	------------	---------------	----------------	----------

STREET NEW ADDRESS	1608 114TH AVE NE
--------------------	--------------------------

CITY	LAKE STEVENS	ST	WA	ZIP	982589509
------	---------------------	----	-----------	-----	------------------

CDL	RESTRICTIONS	ENDORSEMENTS
-----	--------------	--------------

DRIVER'S LICENSE #	RUSSUDJ112BH	STATE	WA	SEX	M	D.O.B. MMDDYYYY	01 - 08 - 1989
--------------------	---------------------	-------	-----------	-----	----------	-----------------	-----------------------

ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	6	RESTR.	9	EJECT	1	HELMET USE	1	INJURY CLASS	1	NATURE OF INJURIES
----------------------------------	--------	--------	----------	--------	----------	-------	----------	------------	----------	--------------	----------	--------------------

LICENSE PLATE #	ADB3120	STATE	WA	VIN#	KNADC125X36236936
-----------------	----------------	-------	-----------	------	--------------------------

TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
-----------------	-------	-----------------	-------

VEH. YEAR	2003	MAKE	KIA	MODEL	RIO4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
-----------	-------------	------	------------	-------	--------------	-------	-----------	---	----------	---

REGISTERED OWNER INFO. **OWNED BY DRIVER**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 976260765
---	-------------------------	---------------------------

VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
---	------------	--------

OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
------------------------	----------------------	---------------	------------	--------	------------------



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E553974**CASE # **2016-00011420**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					
NAME (LAST, FIRST, MIDDLE INITIAL)																							
ADDRESS & PHONE #												SEX		D.O.B. MMDDYYYY									
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES					

NARRATIVE

I responded to a two vehicle, non-injury collision at Cedar Road and Lakeview Avenue. Upon arrival, I observed an orange colored Ford Mustang off the roadway to the south side of Lakeview Avenue at Cedar Road. The other vehicle was parked on the north shoulder of Lakeview Avenue. It was determined that Vehicle 2 was westbound on Lakeview Avenue and vehicle 1 was turning west from southbound Cedar Road. Vehicle 1 had a stop sign. Vehicle 2 had no traffic control. The driver of vehicle 1 said he was turning right onto Lakeview Avenue and failed to yield the right of way to vehicle 2. Vehicle 2 struck the driver's side rear of vehicle 1 sending it spinning off the roadway. Airbags deployed in vehicle 2. There were no injuries. The weather outside was daylight with light rain.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

06-15-16 08:59 AM

DATED

PLACE SIGNED

APPROVED BY

R. BROOKS 0013

DATE

6/16/2016 1:24:04 AM

BADGE OR ID #	130	ORI #	WA0311900	TIME POLICE DISPATCHED	6:53 AM	TIME POLICE ARRIVED	6:57 AM
---------------	------------	-------	------------------	------------------------	----------------	---------------------	----------------

REPORT NO. E553974

CASE # 2016-00011420

DATE AND TIME
OF COLLISION 06/14/16 05:52

